Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 g **Open to Public** Inspection

AF	or the 20	019 calendar year, or tax year beginning $ { m JUN}1,2019$ and	ending M	AY 31, 2020	
B c	Check if pplicable:	C Name of organization		D Employer identific	ation number
	Address change	ASSISTANCE LEAGUE OF REDLANDS			
	Name change	Doing business as		95-213165	53
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	506 W. COLTON AVENUE		909-792-2	2675
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	708,029.
	Amended	REDLANDS, CA 92374		H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer: SHIRLEY GUY		for subordinates?	? Yes 🔀 No
		SAME AS C ABOVE		H(b) Are all subordinates ind	No No
		pt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527		ist. (see instructions)
		► N/A		H(c) Group exemption	
		ganization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year (of formation: 1931 M	State of legal domicile: CA
Pa		ummary			
e	1 Bri	iefly describe the organization's mission or most significant activities: SERVI	E CHIL	DREN AND FAR	AILIES IN
ano		HE COMMUNITY THROUGH VOLUNTEER PROJECTS			
Activities & Governance		eck this box			sets. 10
g		imber of voting members of the governing body (Part VI, line 1a)			10
8		imber of independent voting members of the governing body (Part VI, line 1b)		·····	8
ties		tal number of individuals employed in calendar year 2019 (Part V, line 2a)			375
tivi		tal number of volunteers (estimate if necessary)			
Ac		tal unrelated business revenue from Part VIII, column (C), line 12			0.
	b Ne	t unrelated business taxable income from Form 990-T, line 39	·····		
				Prior Year 397,728.	Current Year 374,590.
Revenue		ontributions and grants (Part VIII, line 1h)		121,293.	90,227.
ven		ogram service revenue (Part VIII, line 2g)		1,990.	2,006.
Re		restment income (Part VIII, column (A), lines 3, 4, and 7d)		-57,331.	-88,247.
		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		463,680.	378,576.
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,000.	3,500.
		ants and similar amounts paid (Part IX, column (A), lines 1-3) mefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	0.
		nefits paid to or for members (Part IX, column (A), line 4) laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		89,486.	87,204.
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)	······	0.	0.
per		tal fundraising expenses (Part IX, column (D), line 25) > 20,82	28.		
Ă		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		416,412.	347,675.
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		509,898.	438,379.
		venue less expenses. Subtract line 18 from line 12		-46,218.	-59,803.
or Ses	12 110			ginning of Current Year	End of Year
iets lanc	20 Tot	tal assets (Part X, line 16)		1,658,241.	1,633,983.
Ass J Ba	21 Tot	tal liabilities (Part X, line 26)		32,731.	56,806.
Net Assets or Fund Balances	22 Ne	t assets or fund balances. Subtract line 21 from line 20		1,625,510.	1,577,177.
Pa	art II S	Signature Block			. ,
Und	er penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SHIRLEY GUY, TREASURER Type or print name and title		Date					
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN				
Paid	PAT SPAFFORD	PAT SPAFFORD		P00367698				
Preparer	Firm's name 🕒 SPAFFORD & LANDR	Y, INC	Firm's EIN 🕨 46	-3131594				
Use Only	Firm's address P.O. BOX 8847							
	REDLANDS, CA 923	75	Phone no. 909 – 1	792-1852				
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)							

THE EXEMPT DURPOSE OF THE ASSISTANCE LEAGUE OF REDLANDS IS TO SERVE PAMILIES THROUGH HOLUCATION AND SERVICE. 2 Did the organization undertake any significant program services during the year which were not listed on the prof form 990 or 990-627 Ives (Second Schedule O. 1 ''se', 'describe these new services on Schedule O. Ives (Second Schedule O. Ives (Second Schedule O. 2 Dot the organization undertake any significant changes in how it conducts, any program services? Ives (Second Schedule O. 3 Dot the organization services an Schedule O. Ives (Second Schedule O. 4 Describe these onganeses on Schedule O. Ives (Second Schedule O. 5 Describe these onganeses on Schedule O. Ives (Second Schedule O. 6 Describe the organizations are required to report the amount of grants and allocations to others, the total expenses, and treemant, iffy, reach program services are required to report the amount of grants and allocations to others, the total expenses, and treemant, iffy, reach program services are required to report the start of	Check if Schedule Questions a response or note to any line in the Part II. THE Construct the organization sension: THE EXEMPT PURPOSE OF THE ASSISTANCE LEAGUE OF REDLANDS IS TO SERVE THE COMMUNITY THROUGH VOLUNTEER PROJECTS DEDICATED TO CHILDREN AND FAMILIES THROUGH EDUCATION AND SERVICE. Dot the organization undertake any significant program services during the year which were not listed on the prior form 800 or 900E27 Dot the organization undertake any significant program services during the year which were not listed on the prior form 800 or 900E27 Dot the organization case conducting, or make significant changes in how it conducts, any program services, as measured by opported. Describe these changes on Schedule O. Describe the organization case accompletiments for each of its three largest program services, as measured by opported. Section 501(6)(3016)(6)(6) organizations are required to report the andurot of grants and alocations to drues, the total expenses, and revenue, if any, for each program service accompletiments for each of its three largest program services are massed by opported. Cotat: [Geneeus 261,642. wetandeg garks of 3 [Geneeus 261,643. Wetandeg garks of 3 [Geneeus 261,644. Wetandeg garks of 3 [Geneeus 261,644. Wetandeg garks of 3 [Geneeus 261,644. Wetandeg garks of 3 [Geneeus 4 [Geneeus	Form	990 (2019) ASSISTANCE LEAGUE OF REDLANDS	95-2131653	Pag
Briefly describe the organization's mission: THE EXEMPT PURPOSE OF THE ASSISTANCE LEAGUE OF REDLANDS IS TO SERVE THE COMMUNITY THROUGH EDUCATION AND SERVICE. 2 Did the organization's process of schedue O. 2 Did the organization case conducts, or make significant changes in how it conducts, any program services? □ Ves [X] 10 Ut the organization's program service conducts, any program services, as measured by expenses. Schedule O. 10 Ut the organization case conducts, or make significant changes in how it conducts, any program services, as measured by expenses. Schedule O. 10 Ut the organization's program service exponded. 10 Ves [X] 11 'Ves', describe these changes on Schedule O. 10 Ves [X] 11 'Ves', describe these changes on Schedule O. 90, 2.2 12 Conc (Stepsenses) 251, 648. Notify services 90, 2.2 16 Conc (Stepsenses) 251, 648. Notify services 90, 2.2 16 Conc (Stepsenses) 261, 648. Notify services 90, 2.2 16 Conc (Stepsenses) 261, 648. Notify services 90, 2.2 <	Briefly describe the organization's mesion: THE EXEMPT PURPOSE OF THE ASSISTANCE LEAGUE OF REDLANDS IS TO SERVE THE EXEMPT PURPOSE OF THE ASSISTANCE LEAGUE OF REDLANDS IS TO SERVE THE COMMUNITY THROUGH VOLUNTEER PROJECTS DEDICATED TO CHILDREN AND FAMILIES THROUGH EDUCATION AND SERVICE: Did the organization underake any significant program services during the year which were not listed on the proform 800 or 800-627 U've: 'describe these new services on Schedule O. Dot the organization create conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 5010(K) and 5010(K) organizations are required to report the annount of grants and allocations to others, the total expenses, and revenue, if ary, 'deach program service reported. 0 (core) [Conversa: 261, 563. metuing gaves of	Par	t III Statement of Program Service Accomplishments		
THE EXEMPT PURPOSE OF THE ASSISTANCE LEAGUE OF REDLANDS IS TO SERVE THE COMMUNITY THROUGH COLUNTEER PROJECTS DEDICATED TO CHILDREN AND FAMILIES THROUGH EDUCATION AND SERVICE. Dot the organization undertake any significant program services during the year which were not listed on the proform 500 or 990-E2? Image: Content of the organization cases conducting, or make significant changes in how it conducts, any program services? Image: Content of the organization cases conducting, or make significant changes in how it conducts, any program services as measured by openness. Section Stifue these changes on Schedule O. Image: Content of the organization are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service exponded to export the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service exponded to export the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service exponded to export the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service exponded to export the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service exponded to the professor of the total expenses, and reverue, if any, for each program service exponded to the professor of the total expenses, and reverue, if any, for each program service exponded to the professor of Child Expenses of	THE EXEMPT PURPOSE OF THE ASSISTANCE LEAGUE OF REDLANDS IS TO SERVE THE COMMUNITY THROGH VOLUNTEER PROJECTS DEDICATED TO CHILDREN AND PAMILIES THROUGH EDUCATION AND SERVICE. Did the organization undertake any significant program services during the year which were not listed on the proform 900 or 900E2? If ''se, 'decide these charge services on Schedule 0. Did the organization case conducting, or make significant charges in how it conducts, any program services, as measured by expenses. Section 501(6) and 501(6) organizations are required to report the anound of grants and allocations to others, the total opportances, and revenue, if any, for each program service accompliahments for each of its three allocations to others, the total opportances, and revenue, if any, for each program service reported. 90,227 Describe the organization creater accompliahments for each of its three allocations to others, the total opportances, and revenue, if any, for each program service reported. 90,227 DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OF THE ART PACILITY 90,227 DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OC THE ART PACILITY 90,227 DENTAL CENTER: THIS TS A (5) CHAIR, STATE-OC THE ART PACILITY 90,227 DENTAL CREATE: THIS TS A (5) CHAIR, STATE-OC THE ART PACILITY 90,227 DENTAL CREATE: THIS TS A (5) CHAIR, STATE-OC THE ART PACILITY 90,227 DENTAL CREATE: THIS TS A (5) CHAIR, STATE-OC THE ART PACILITY		Check if Schedule O contains a response or note to any line in this Part III		L
THE COMMUNITY THROUGH VOLUNTEER PROJECTS DEDICATED TO CHILDREN AND FAMILIES THROUGH EDUCATION AND SERVICE. 2 Ddt he organization runderake any significant program services during the year which were not listed on the prior form 909 002? In Yeas, 'describe these new services on Schedule 0. 10 Describe the organization regarms arevices completionments for each of its three largest program services? In Yeas, 'describe these changes on Schedule 0. 10 Describe these changes on Schedule 0. 10 00.221 10 Describe these changes on Schedule 0. 10 00.222 10 Describe these changes on Schedule 0. 10 00.222 10 Describe these changes on Schedule 0. 90.222 10 Describe these changes on Schedule 0. 90.222 10 Describe these changes on Schedule 0. 90.222 10 Describe these changes movice regords. 90.222 10 Describe these changes movice regords. 90.222 10 DENTAL PRACTICE, AS NEEDED. WE PROVIDES ALSO PROVIDED AT NEEDY FAILLES. 90.221 10 Describe these changes movice regords. 90.221 10 Describe these changes movice regords. 90.222 10 Describe these changes changes changes changes changes changes	THE COMMUNITY THROUGH VOLUNTEER PROJECTS DEDICATED TO CHILDREN AND FAMILIES THROUGH EDUCATION AND SERVICE. Did the organization case conducts on Schedule 0. Did the organization case conducting, or make significant charges in how it conducts, any program services as measured by expenses. Section 900(62) 10 'Yes, 'describe these new services completion the cach of its three largest program services, as measured by expenses. Section 901(62) and 901(64) organizations organism services completion the ancunt of gunts and allocations to others, the total expenses, and research fam, for each program service accompletion the ancunt of gunts and allocations to others, the total expenses, and research fam, for each program service accompletion of the ancunt of gunts and allocations to others, the total expenses, and research fam, for each program service accompletion of the ancunt of gunts and allocations to others, the total expenses, and 'for each program service reported and 'for each program service accompletion of the provide parts that the second part of the provide parts of the pr	1			
FAMILIES THROUGH EDUCATION AND SERVICE. 2 Dd the organization undertake any significant program services during the year which were not listed on the proform 990 or 990-527 Ives (X in the organization cases conducting, or make significant changes in how it conducts, any program services? Ives (X in the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by exponses. 10 becomes these changes on Schedule 0. Ives (X in the organization service accomplethments for each of its three largest program services, as measured by exponses. 20 control of generation service reported. is control of generation service reported. 90.222 20 control (Somerst) 261.648. https://www.it.gov/its.services.pred. 90.22 21 control (Somerst) 261.648. https://www.it.gov/its.services.pred. 90.22 22 control (Somerst) 261.648. https://www.it.gov/its.services.pred. 90.22 23 control (Somerst) 261.648. https://www.it.gov/its.services.pred.and/its.services.pred.and/its.services.pred.and/its.services.pred.and/its.services.pred.and/its.services.pred.and/its.services.pred.and/it	FAMILIES THROUGH EDUCATION AND SERVICE. Dd the organization undertake any significant program services during the year which were not listed on the prior form 950 or 990-E27 IVes [X] I'Yes, 'describe these news services on Schedule 0. Dot the organization cases conducting, or make significant changes in how it conducts, any program services, an measure by expenses. Section 510(5) and 501(6)/0 significations are required to report the amount of grants and allocations to others, the total expenses sections if (isoners 2 261, 648. Inclunguest are 3 1) [Increases 9 02, 227 DEMTAL CENTER: THIS IS A (5) CHAIR, STATE-OF-THE-ART FACILITY PROVIDING GENERAL DENTISTRY AND SUBCICAL PROCEEDURES FOR CHILDREN AND NEEDY FAMILIES. DISCOUNTED ONTHODONTIC SERVICES ARE ALSO PROVIDED ATT ECOLATES ARE ALSO PROVIDED ATT ECOLATES AND INTERPACIALIMES AND NEEDY FAMILIES. DISCOUNTED ONTHODONTIC SERVICES ARE ALSO PROVIDED ATT ECOLATES AND NEEDY FAMILIES. DISCOUNTED CONTHED CONTENTS: PARACTICING STUDENT DENTISTS AND NEEDY FAMILIES IS A COMMUNITY SERVICE MARE ALSO PROVIDED ATT ECOLATES AND AND RIVERSIDE COUNTIES. PRACTICING BENTISTS AND HYGHLANDIN OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. D (come) (incremes 95,547. Inclung parts are) (incremes) OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TH FALL ON AND RIVERSING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOPHTING AND SHOES WERE PROVIDED MAY 31, 2020. 0 (come) (incremes 8,774. Inclung parts are) (incremes 9) 0 OPERATION SCHOOL EELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TH FALL OS ALL PROVIDED TO ENTIST SCHOOL CHILDERE				
Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E27 □ Yes [X If Yes, 'describe these new services on Schedule 0. □ Yes [X If Yes, 'describe these changes on Schedule 0. □ Yes [X If Yes, 'describe these changes on Schedule 0. □ Yes [X Describe the comparization sprogram services accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services program services of the Amount of grants and allocations to others, the total expenses. Image: The Signal Amount of Signal Amount of grants and allocations to others, the total expenses. 90,222 DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OF THE FART FACTLIPY 90,221 DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OF THE FART FACTLIPS and Signal Amount of grants and allocations to others. 90,222 DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OF THE FART FACTLIPS and Signal Amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations to others. This COMMUNT STATE CENTER Signal Amount of grants and schedule O. Detert the Service Signal Amount of Signal Amount of Signal Amount of grants and schedule O. Immune Signal Amount S	Dd the organization undertake any significant program services during the year which were not listed on the prior form 580 or 980 E27 [Ves (%)] the "Ves," describe these new services on Schedule 0. [Ves (%)] the "Ves," describe these changes on Schedule 0. [Ves (%)] the "Ves," describe these changes on Schedule 0. [Ves (%)] the "Ves," describe these changes on Schedule 0. [Ves (%)] the "Ves," describe these changes on Schedule 0. [Ves (%)] (Ves (%)] the "Ves," describe these changes on Schedule 0. [Ves (%)] (Ves (%)] (Ves (%)] (Ves (%)) (Ve			CHILDREN AND	
piot Form 980 or 900 £27	proform 950 or 950.E27		FAMILIES THROUGH EDUCATION AND SERVICE.		
piot Form 980 or 900 £27	proform 950 or 950.E27	2	Did the organization undertake any significant program services during the year which were not listed on the	10	
If 'Yes, 'describe these new services on Schedule 0. If 'Yes, 'describe these changes on Schedule 0. Describe these changes on Schedule 0. If 'Yes, 'describe these changes on Schedule 0. Describe these changes on Schedule 0. If 'Yes, 'describe these changes on Schedule 0. Describe these changes on Schedule 0. If 'Yes, 'describe these changes on Schedule 0. Describe the organization's group an service accompliablements for each of its three largest program services, as measured by expenses. and reverue, if any, for each program service reported. 90,22 DEMTAL CENTER: THIS IS A (5) CHAIR, STATE-OF THE-ART FACILITY 90,22 DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OF THE-ART FACILITY 90,22 DENTAL CENTER: THIS OUTPED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT 90,22 DENTAL CENTER: THIS OUTPED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT 90,22 DENTAL CENTER: THIS OUTPED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT 90,22 Dentrial sectors of the sector of the sec	<pre>IT'es, 'describe these new services on Schedule 0. Dot the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Social Stof(s) and Stof(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported. (code) (Decremes 261,648. Industry DURGICAL PROCEDURES FOR CHILDREN AND NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT IOCAL DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OF-THE-ART FACILITY PROVIDING GENERAL DENTISTRY AND SURGICAL PROCEDURES FOR CHILDREN AND NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT IOCAL DENTAL CENTER: A SNEEDED. WE PROVIDED DENTISTS AND NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT IOCAL DENTAL CENTER: AN SECTEOL WE PROVIDED DENTIST SAND INCLUATION OF AND RIVERSIDE COUNTIES. PRACTICING AND RIVERSA A SATELLITY FOR THEIR PRACTICE, AS NEEDED WE PROVIDED DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES I SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS ONNEE THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (Code) (Decremes 95,547. Inducing preseds) (Reverues OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TH FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDIANDS AREA, WHICH INCLUDE UCATPACALIMESA, MENTONE, AND HIGHLAND, HYGIENE KITS WERE ASEMBLED F MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, V SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. (code) (Reverues 8,774. Inducing presents) (Reverues 1) (Reverues 2) DOTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT ASEMBLED F MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, V SERVED 1,135 ELEM</pre>				X
b) Did the organization cases conducting, or make significant changes in how it conducts, any program services?	Did the organization cases conducting, or make significant changes in how it conducts, any program services?				
besche the organization's program service accomplishments for each of its three largest program services, and revenue, flav, for each program service reported. Section 501(c)(3) and 501(c)(4) organizations are enquired to report the amount of grants and allocations to others, the total expenses, and revenue, flavore and the amount of grants and allocations to others, the total expenses, and revenue, flavore and the amount of grants and allocations to others, the total expenses, and revenue, flavore and the amount of grants and allocations to others, the total expenses, and revenue, flavore and the amount of grants and allocations to others, the total expenses, and revenue, flavore and the amount of grants and allocations to others, the total expenses, and revenue, flavore and the amount of grants and allocations to others, the total expenses, and revenue, flavore and the amount of grants and allocations to others, the total expenses, and revenue, flavore and the amount of grants and allocations to others, the total expenses, and revenue flavore and the amount of grants and allocations to others, the total expenses, and revenue flavore and the amount of grants and allocations to others, the total expenses, and revenue, flavore and the amount of grants and allocations to others, the total expenses, and revenue flavore and the amount of grants and allocations to others, the total expenses, and revenue flavore and the amount of grants and allocations to others, the total expenses, and revenue flavore and the amount of grants and allocations of the amount of grants and allocations are expensed. Section 2010 Amount of grants and allocations to others, the total expenses, and revenue flavore and the amount of grants and allocations are another and the amount of grants and allocations are another and the amount of grants. The amount of grants are according and allocations are another and allocations are another and allocations are another and allocations are another and allocating and allocations are a	Describe the organization's program service accomplishments for each of its three largest program services. Section 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and 'newtong, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and 'newtong, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and 'newtong, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and 'newtong, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and 'newtong, if any, for each program service required to report the amount of grants and allocations to others, the total expenses, and 'newtong, if any, for each program service, and the provided to report the amount of grants and allocations to others, the total expenses, and 'newtong, if any, for each program service, and the provided to report the amount of grants and allocations to others, the total expenses, and 'newtong, and	3		ces?Yes	X
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (come _) [General 261,648. mcudeg grants of]) [General 90,222 DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OF-THE+ART FACILITY PROVIDING GENERAL DENTISTRY AND SURGICAL PROCEDURES FOR CHILDREN AND NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, YUCATPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OF DENTISTRY AS A SATELITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. b (come) (Generols 95,547. mcudeg grants) (General 5 OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T FALL OF 2019 AND THE SFRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOPHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED OF MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. b (come) (Generols 8,774. mcudeg grants 3) (General 5) OTHER FHILANTHROPIC FROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 3.03 O STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE FOVIDED TO SAN BERNARDINO COUNTY SEXUAL ASAULT (A 501C3) WHO DISTRIBUTES THE MOVIARI OV VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL,	Section 501(c)(2) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported [Code] [Conversion 201, 60, 60, 60, 60, 60, 60, 60, 60, 60, 60		If "Yes," describe these changes on Schedule O.		
revenue, if any, for each program Service reported. 90,222 is (Code:) (Copendes: 261,648. including prome of s) (Detrice Sare ALSO PROVIDED AND SURGICAL PROCEDURES FOR CHILDREN AND NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AND EDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AND LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREAL ELEMENTARY SCHOOLS (REDLANDS, MENTONE, YUCAIPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OF DENTISTRY AS A SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTRE SERVED 986 NEEDY FAMILIES SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. ib (code:) (coverest 95,547. including premiets) (meanust) (meanust OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T FALL OF 2019 AND THE SERVICE Q2020. (IFT CARDS FOR THE DURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. is (code:) (Coverest 8,774. including grant of 8) (meanust is (code) (Coverest 8,774. including grant of 8) (meanust is (code:) (Coverest 8,774. including grant of 8) (meanust is (code) (Coverest 8,774. including grant of 8) (meanust is (code) (Coverest 8,774. including grant of 8) (meanust	<pre>revenue, if any, for each program service reported a (code) (foremes \$ 261,648. medicing guests of \$) (foremus \$ 90,22' DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OF-THE-ART FACILITY PROVIDING GENERAL DENTISTRY AND SURGICAL PROCEDURES FOR CHILDREN AND NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO FROVIDED AT LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, YUCAIPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OP DENTISTRY AS A SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTRE SERVED 986 NEEDY FAMILIES : SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. b (code) (stremes 95,547. mediang years of) (foremes OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TH FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE FROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, V SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENCED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM OF ARAICUS PLOIC ADS SHERE SAND BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 2010 ASSAULT OTHER WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE FOLICE. WE SUPPLIED KITS TO 2010 ASSAULT OTHER YEARS AND STATES THE STHE SANDENCES THE KITS MEEDIS THE MOVIDED TO AND SUEXT SUTT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE F</pre>	4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expenses	S.
10 261.646. rotating grant of s 10.00000000000000000000000000000000000	<pre>9 (code) (Expenses 261,648. making great of) (Mercands 90,22' DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OF-THE-ART FACILITY PROVIDING GENERAL DENTISTRY AND SURGICAL PROCEDURES FOR CHILDREN AND NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, YUCAIPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OP DENTISTRY AS A SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES : SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020.</pre>		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses,	and
DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OF-THE-ART FACILITY PROVIDING GENERAL DENTISTRY AND SURGICAL PROCEDURES FOR CHILDREN AND NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, YUCAIPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDS, SCHOOL OF DENTISTRY AS A SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (cde _)(comments 95,547. metalegisments _)(mented (cde _)(comments 96,774. metalegisments _)(mented (cde _)(comments 87,774. metalegisme	DENTAL CENTER: THIS IS A (5) CHAIR, STATE-OF-THE-ART PACILITY PROVIDING GENERAL DENTISTRY AND SURGICAL PROCEDURES FOR CHILDREN AND NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, VUCAIPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDS, MENTONE, VUCAIPA BY COLOR 2019 AND 2019 200, THE AMOUNT OF \$11,470 FOR THE YEAR ENDED FAMILIES : SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. b (come 95,547. MENDED COUNTIES. PRACTICING DATA BAY PALL OF 2019 AND THE SPIRIG OF 2020. CIFT CARDS FOR THE PUCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, W SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. COME PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLEMOED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI CONTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THE MO VARIOUS POLICI COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THE MO VARIO				
PROVIDING GENERAL DENTISTRY AND SURGICAL PROCEDURES FOR CHILDREN AND NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, VUCATPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OF DENTISTRY AS A SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES SAN BENARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. ¹⁰ (code: 95,547. including pumpers:) (Newtones OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY YUCATPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED : MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, 'S SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. ¹⁰ (code:)(Reporters 8,774. including pumpers) ¹⁰ (THER PHILANTROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ¹⁰ ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ¹⁰ ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF ACENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT ¹⁰ AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL COTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT ¹⁰ OTHER PORTAMENTERS AND SUCCES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT ¹⁰ ADA RE WORN BY THE VICTIMS WHEN TH	PROVIDING GENERAL DENTISTRY AND SURGICAL PROCEDURES FOR CHILDREN AND NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, YUCATPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OF DENTISTRY AS A SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGTENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES: SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (ode:)[Guennes 95,547. mcdang genes dt) [Guennes OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TH FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, V SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. (code:)(Guennes 8,774. modeling gents of) (Guennes 6) OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT (DTHER PHILED TRIPS ARE 30,668. mcdude 0) (genemes 30,668. mcdude	4a			22
NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, YUCATPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OF DENTISTRY AS A SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (bcode:)(facomes's 95,547. (bcode:)(facomes's)(facomes's OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T FALL OF 2019 AND THE SPRING OF 2020. (facomes's OPERATION SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE FUCATPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED WEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. (code:)(facomes's 8,774. MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 30 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHER WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SU	NEEDY FAMILIES. DISCOUNTED ORTHODONTIC SERVICES ARE ALSO PROVIDED AT LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, YUCAIPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OF DENTISTRY AS A SATELLITE FACILITY FOR THEIR PRACTICING SCHOOL OF DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES: SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. b (come) (comments 95,547. Including grant at: OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TH FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, V SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. c (code:) (Expenses 8,774. Including grants of S OTHER PHILANTHROPIC FROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOR 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT? AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT OTHER program services (Describe on Schedule 0) (Expenses 30,668. including grant of 3,500.) (Rennes) TOTAL POGRAM SERVICE OPE				_
LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, YUCAIPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OF DENTISTRY AS A SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (come)(Exponents 95,547. metuding grant of) (Newmonts 0) OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T. FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED : MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, ' SERVED 1,135 ELEMENTARY SCHOOL STUDENTS.	LOCAL DENTAL PRACTICE, AS NEEDED. WE PROVIDE DENTAL SCREENING AT REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, YUCAIPA/CALIMESA AND HIGHLAND). WE PARTHER WITH LOMA LINDA SCHOOL OF DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES : SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (code				
REDLANDS AREA ELEMENTARY SCHOOLS (REDLANDS, MENTONE, YUCAIPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OF DENTISTRY AS A SATELITE FACILITY FOR THEIR PACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. b (code)(meenes 95,547. meduding games of a OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, Y SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. c (code)(meenes 8,774. meduding games of OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ISMEAT SUIT CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ISMEAT SUIT CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT AND SHER WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL,	REDLANDS AREA ELEMENTÁRY SCHOOLS (REDLANDS, MENTONE, YUCALPA/CALIMESA AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OF DENTISTRY AS A SATELLITE FACLILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 966 NEEDY FAMILLES : SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. b (code:)(Expenses 95,547. including guint ofs) (Revenues OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TH FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCATPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. c (code:)(Expenses 8,774. including guint ofs OTHER PHILLANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOI 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPLIED THE KIDS TO 200 ASSAULT d Other program services (Describe on Schedule 0.) (Expenses 30,668 · including guint of 3,500 ·) (Revenses) 306,6637.				A'l'
AND HIGHLAND). WE PARTNER WITH LOMA LINDA SCHOOL OF DENTISTRY AS A SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20. THE DENTAL CENTER SERVED 986 NEEDY FAMILIES SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (code:	AND HIGHLAND). WE PARTMER WITH LOMA LINDA SCHOOL OF DENTISTRY AS A SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES: SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. b (code:)(Expenses				<u> </u>
SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (code:)(Expenses 95,547. including gunteds) (Revenue 5 OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T. FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE VUCAIPA/CALIMESA, MENTONE, AND HIGHLAND, HYGIENE KITS WERE ASSEMBLED VUCAIPA/CALIMESA, MENTONE, AND HIGHLAND, HYGIENE KITS WERE ASSEMBLED WEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS.	SATELLITE FACILITY FOR THEIR PRACTICING STUDENT DENTISTS AND HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES: SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (Code:)(Expenses: 95,547. Endengymetics:) (Remeas: OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TH FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, N SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. (Code:)(Expenses: 8,774. Endengymetsols) (Remeass OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOI 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT; AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule 0.) (Expenses 30,668. Endengement of 3,500.) (Remements) total program services (Describe on Schedule 0.) (Expenses 30,663. Endengement of 3,500.) (Remements) TOTHER DENT SEVENCE (DESCRIBE ON SCHEDULE) A DED CONSTRUMENTED (CONSTRUCTION CONSTRUCTION SCHED SCHEDULE)) TOTHER DENT SEVENCE (DESCRIBE ON SCHEDULE) (CONSTRUCTION (CONSTRUCTION SCHEDE)) TOTHER DENT SEVENCE (DESCRIBE ON SCHEDULE) (CONSTRUCTION (CONSTRUCTION SCHEDE)) TOTHER OF DESCRIPTION SCHEDE (CONSTRUCTION (CONSTRUCTION SCHEDE)) TOTHER DENT SE				
HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (code:)(Expenses 95,547. including grants of) (Revenue \$ OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED IN MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. Imeduation of the physical EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT MID ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT MID ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT MID ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT MID ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT	HYGIENISTS. IN 2019-20, THE DENTAL CENTER SERVED 986 NEEDY FAMILIES SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. b (code:)(Expenses 95,547. including grants of) (Revenues) OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TH FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOPHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCATPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. c (code:)(Expenses 8,774. including grants of 8) (Revenue S) OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOI 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL COTHING ANE KEPT PUT HE POLICE. WE SUPPLIE MENTS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses 3 00.668. including grants of 3,500.) (Revenue S)) d Other program service expenses 306,6637.)) <td></td> <td></td> <td></td> <td></td>				
SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (Code:	SAN BERNARDINO AND RIVERSIDE COUNTIES. PRACTICING DENTISTS DONATED THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. (Code:)(Expenses 95,547. including grants of) (Revenues OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TI FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. COTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC: AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT: AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses 30,668. including grants of 3,500.) (Revenue 8 306,661. including grants of 3,500.) (Revenue 8 1000 (REVENUE O DED CONTINUED ON SANDER)				<u> </u>
THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. b (Code:)(Expenses 95,547. including grants of) (Revenue S OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED : MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, ' SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. 	THEIR SERVICES IN THE AMOUNT OF \$11,470 FOR THE YEAR ENDED MAY 31, 2020. b (code:)(Expenses 95,547. moluding grants of) (Revenue 5 OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED : MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. c (code:)(Expenses 8,774. including grants of 8) (Revenue 8 OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC: AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT: AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS O 200 ASSAULT d Other program services (Describe on Schedule 0.) (Expenses 30,668.: including grant of 3,500.) (Revenue 8)) = Total program services (Describe on Schedule 0.) (Expenses 30,668.: including grant of 3,500.) (Revenue 8)) = Total program services (Describe on Schedule 0.) (Expenses 30,668.: including grant of 3,500.) (Revenue 8)) = Total program services (Describe on Schedule 0.) (Expenses 30,668.: including grant of 3,500.) (Revenue 8)) = Total program services (Describe on Schedule 0.) (Expenses 30,668.: including grant of 3,500.) (Revenue 8)) = Total program services (Describe on Schedule 0.) (Expenses 30,668.: including grant of 3,500.) (Revenue 8)) = Total program services (Describe on Schedule 0.) (Expenses 30,668.: incl				
2020. b (code)(%permeets 95,547. including particulars) (Revenue 5 OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED : MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1, 135 ELEMENTARY SCHOOL STUDENTS.	2020. 2				
<pre>bb (Code:) (Expenses \$ 95,547. including grants of \$) (Pevenue \$) (Pevenue</pre>	b (Code:) (Expenses 95,547. including grants of) (Revenue S OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TH FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, T SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. c (Code:) (Expenses 8,774. including grants of 8 OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT; AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule Q) (Expenses 3 0, 668. including grants of 3, 500.) (Revenue 8) 30, 668. including grants of 3, 500.) (Revenue 8) 306, 6637.				
OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T. FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, ' SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC. AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT. AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT MO OTHEr program service (Describe on Schedule O.) (Experses 30, 668. including grants of 3, 500.) (Revenue S) ME 396,637.	OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN THE FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED IN MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, V SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT: AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule C). (Expenses 30, 668. including grants of 3, 500.) (Revenue S) e Total program services expenses 396, 637. Form 990 (
OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN T. FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC. AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT. AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT MO OTHEr program service (Describe on Schedule O.) (Experses 30,668. including grants of \$	OPERATION SCHOOL BELL: THIS COMMUNITY SERVICE WAS HELD AT KOHL'S IN TY FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR THE PURCHASE OF SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED IM MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, WERE PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, WERE PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, WERE PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOR 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT: AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule C) (Expenses 30, 668. including grants of 3, 500.) (Revenue 8 0 396, 637.	4b	(Code:) (Expenses \$ 95,547. including grants of \$) (Revenue \$	
SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED : MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, ' SERVED 1,135 ELEMENTARY SCHOOL STUDENTS.	SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVIDED FOR NEEDY ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, N SERVED 1,135 ELEMENTARY SCHOOL STUDENTS.				T
ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED : MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, i SERVED 1,135 ELEMENTARY SCHOOL STUDENTS.	ELEMENTARY SCHOOL CHILDREN IN THE REDLANDS AREA, WHICH INCLUDE YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED I MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS.		FALL OF 2019 AND THE SPRING OF 2020. GIFT CARDS FOR	THE PURCHASE O	F
YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, ' SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. (Revenue \$ OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT W Other program services (Describe on Schedule 0.) (Expenses 30, 668. including grants of 3, 500.) (Revenue \$ 396, 637. 2002 01-202 201 SEE SCHEDULE O FOR CONTINUATION(S)	YUCAIPA/CALIMESA, MENTONE, AND HIGHLAND. HYGIENE KITS WERE ASSEMBLED : MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOI 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICE AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT G Other program service (Describe on Schedule O.) (Expenses 30,668. including grants of 3,500.) (Revenue S)) Total program service expenses 396,637.		SCHOOL APPROPRIATE NEW CLOTHING AND SHOES WERE PROVID	ED FOR NEEDY	
MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. In the server of the server o	MEMBERS AND PROVIDED TO EACH CHILD IN ATTENDANCE. DURING THIS TIME, I SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. C (Code:)(Expenses 8 8,774. including grants of 8) (Revenue 8) OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOR 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC: AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT; AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule 0.) (Expenses 30, 668 · including grants of 8, 5,500 ·) (Revenue 8)) e Total program service expenses 396, 637. SECURENTIE O FOR CONTENTIVATION (C)				
SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. (code:)(Expenses	SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. SERVED 1,135 ELEMENTARY SCHOOL STUDENTS. (code:)(Expenses § 8,774. including grants of \$) (Revenue \$) OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOI 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUITS AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program service (Describe on Schedule 0.) (Expenses 30, 668. including grants of 3, 500.) (Revenue \$) e Total program service expenses 396, 637. Form 990(WERE ASSEMBLE	DJ
<pre>kc (Code:)(Expenses \$ 8,774. including grants of \$) (Revenue \$ OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC. AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT We Other program services (Describe on Schedule Q.) (Expenses 30, 668. including grants of 3, 500.) (Revenue \$) te Total program service expenses 396, 637. Form 990(SEE SCHEDULE O FOR CONTINUATION(S)</pre>	c (code:)(Expenses \$ 8,774. including grants of \$) (Revenue \$ OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOI 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUITS AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program service (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) Form 990(RING THIS TIME	, 1
OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) APE Total program service expenses > 396,637.	OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOI 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT; AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses > 396,637. Secure Expenses (CONTRIBUTES OF EXPENSION)		SERVED 1,135 ELEMENTARY SCHOOL STUDENTS.		
OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) APE Total program service expenses > 396,637.	OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOR 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICE AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUITS AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses > 396,637.				
OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) APE Total program service expenses > 396,637.	OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOR 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICE AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUITS AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses > 396,637.				
OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) APE Total program service expenses > 396,637.	OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOI 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT; AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses > 396,637. Secure Expenses (CONTRIBUTES OF EXPENSION)				
OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) APE Total program service expenses > 396,637.	OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOR 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICE AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUITS AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses > 396,637.				
OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) APE Total program service expenses > 396,637.	OTHER PHILANTHROPIC PROJECTS WHICH BENEFIT CHILDREN IN THE COMMUNITY: ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVENT BENEFITS THE PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOI 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICI AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT; AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses > 396,637. Secure Expenses (CONTRIBUTES OF EXPENSION)	4c	(Code:) (Expenses \$ 8,774, including grants of \$) (Pevenue \$	
PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOR 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICE AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) It Total program service expenses 396,637.	PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOR 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICE AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUITS AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668.including grants of \$ 3,500.) (Revenue \$) e Total program service expenses	10			Y:
PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOR 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICE AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) It Total program service expenses 396,637.	PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF REDLANDS. AWARDS AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOR 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICE AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUITE AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668.including grants of \$ 3,500.) (Revenue \$) e Total program service expenses				
AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FOR 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICE AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) Id Other program service expenses ▶ 396,637. Form 990 (SEE SCHEDULE O FOR CONTINUATION(S)	AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED 330 STUDENTS FO. 2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLICE AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses ▶ 396,637.		ADAPTIVE PHYSICAL EDUCATION AWARDS LUNCHEON: THIS EVE	NT BENEFITS TH	Е
2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC. AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT. AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) Id Total program service expenses ▶ 396,637. Form 990 (SEE SCHEDULE O FOR CONTINUATION(S)	2019-20. ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC: AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses ► 396,637. Form 990(PHYSICALLY CHALLENGED ELEMENTARY SCHOOL CHILDREN OF R	EDLANDS. AWAR	DS
ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) He Total program service expenses ▶ 396,637. Form 990 (SEE SCHEDULE O FOR CONTINUATION(S)	ASSAULT SURVIVOR'S KITS: THESE KITS ARE PROVIDED TO SAN BERNARDINO COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses ► 396,637. Form 990 (AND FIELD TRIPS ARE GIVEN TO THE STUDENTS. WE SERVED	330 STUDENTS	FO
COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC: AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) Ide Total program service expenses ▶ 396,637. Form 990 (SEE SCHEDULE O FOR CONTINUATION(S)	COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC. AND SHERIFF AGENCIES. AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses ▶ 396,637.		2019-20.		
COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC: AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) Ide Total program service expenses ▶ 396,637. Form 990 (SEE SCHEDULE O FOR CONTINUATION(S)	COUNTY SEXUAL ASSAULT (A 501C3) WHO DISTRIBUTES THEM TO VARIOUS POLIC. AND SHERIFF AGENCIES. AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses ▶ 396,637.				
AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUIT AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) Ide Total program service expenses ▶ 396,637. Form 990 (SEE SCHEDULE O FOR CONTINUATION(S)	AND SHERIFF AGENCIES. THE KITS INCLUDE PERSONAL ITEMS AND SWEAT SUITS AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses ▶ 396,637.				
AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) Ide Total program service expenses ▶ 396,637. 2002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	AND ARE WORN BY THE VICTIMS WHEN THEY LEAVE THE HOSPITAL, AS PERSONAL CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses ► 396,637.				-
CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) Id Total program service expenses ► 396,637. Form 990 (SEE SCHEDULE O FOR CONTINUATION(S)	CLOTHING ARE KEPT BY THE POLICE. WE SUPPLIED KITS TO 200 ASSAULT d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$)) e Total program service expenses ► 396,637. Form 990 (Communication of Communication of				
Id Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) Id Total program service expenses ► 396,637. 2002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	d Other program services (Describe on Schedule O.) (Expenses \$ 30,668. including grants of \$ 3,500.) (Revenue \$) e Total program service expenses ► 396,637. Form 990 (AL
(Expenses \$ 30,668.including grants of \$ 3,500.) (Revenue \$) Ide Total program service expenses ▶ 396,637. 2002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	(Expenses \$ 30,668 · including grants of \$ 3,500 ·) (Revenue \$) e Total program service expenses ► 396,637 · Form 990 (CEEE COLUEDINE O FOR CONMITMUMITON (C)			200 ASSAULT	
le Total program service expenses ► 396,637. 2002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	e Total program service expenses ► 396,637. Form 990 (4d	Other program services (Describe on Schedule O.)		
Form 990 (SEE SCHEDULE O FOR CONTINUATION(S))	
2002 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	C = C C U = D U = C = C C C C C C C C C C C C C C C C	4e	Total program service expenses ► 390,037.	_ ^	00.0
		000			JOC (2
		32002			

Form	ggn	(2019)	

 Form 990 (2019)
 ASSISTANCE
 LEAGUE
 OF
 REDLANDS

 Part IV
 Checklist of Required Schedules
 Checklist of Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		
8		8		x
9	Schedule D, Part III	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

932003 01-20-20

Form **990** (2019)

Form	990	(2019)
	330	120131

Part IV Checklist of Required Schedules (continued)

ASSISTANCE LEAGUE OF REDLANDS

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		- 23
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
932004	01-20-20	Form	990	(2019)
	//			

Form	990	(2019))

Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 23
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
5	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

932005 01-20-20

Form	990	(2019))
------	-----	--------	---

ASSISTANCE LEAGUE OF REDLANDS

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the survey institute have been been shown that an efficience	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	23	
C	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	105		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ASSISTANCE LEAGUE OF REDLANDS - 909-792-2675			
	506 W. COLTON AVE, REDLANDS, CA 92374			
932006	5 01-20-20	Form	990	(2019)
	6			

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	ed
	mployees, and Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(npo	liout	(D)	(E)	(F)
Name and title	Average	(do		Pos	itior		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week (list any							. from the	from related organizations	other compensation
	hours for	direct				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	Istee			ensate		(W-2/1099-MISC)	()	organization
	organizations	ul trus	nal tru		loyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TANYA VAN HELDEN	line)	Ĕ	ű	9	Ке	e Hi	윤			
4TH VP/RESOURCE DEVELOPMEN	10.00	x		x				0.	0.	0.
(2) PATRICIA DRAKE	10.00									
2ND VP/MEMBERSHIP		x		x				0.	Ο.	0.
(3) CESCA NOLAN	10.00									
PRESIDENT		X		X				0.	Ο.	0.
(4) SHIRLEY GUY	20.00									
TREASURER		Х		Х				0.	0.	0.
(5) SALLY MOORE	10.00									
1ST VP/ADMINISTRATION	10.00	X		х				0.	0.	0.
(6) HOA BUI	10.00								0	0
3RD VP/PHILANTHROPIC PROJE	10.00	X		X		-		0.	0.	0.
(7) GAIL SMITH RECORDING SECRETARY	10.00	x		x				0.	0.	0.
(8) LETICIA CERVANTES	10.00	^		<u> </u>				0.	0.	0.
PARLIAMENTARIAN	10.00	x						0.	0.	0.
(9) CATHIE SIGLOW	10.00									
6TH VP/ ASSISTEENS LIAISON		x		x				0.	0.	0.
(10) DEE ASHLEY	10.00									
PRESIDENT ELECT		X		х				0.	0.	0.
(11) MANDY EMERSON	10.00									
5TH VP/ FINANCE		х		х				0.	0.	0.
		<u> </u>		-			<u> </u>			
		1								
										Form 990 (2019)
932007 01-20-20										$rorm$ $\mathbf{MMU}(2010)$

932007 01-20-20

Form **990** (2019)

	990 (2019) ASSISTANO									95-21	131	653	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do box	not c , unle	(C Posi heck ss per	c) ition more rson i		one h an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensation from related		an	(F) stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		com fr org and	pensa rom the anizati d relate anizatio	e ion ed
1b	Subtotal								0.		0.			0.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		 . <u></u> .					0.		0. 0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	oove	e) wł	no re	eceived more than \$100	0,000 of reportable	e		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab 0,000? <i>If</i> "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d otl 9 <i>J f</i>	her compensation from for such individual	the organization		4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors					-			-			5		х
1	Complete this table for your five highest co the organization. Report compensation for										pensa	ation f	rom	
	(A) Name and business			ONE					(B) Description of s		C	(C ompe	C) nsatior	n
2	Total number of independent contractors (i \$100,000 of compensation from the organia	-	ot lii	mite	d to	tho: (se lis)	stec	d above) who received n	nore than				
												Form	990 (2	2019)

932008 01-20-20

			Check if Schedule O contains a response or	r note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						Iunction revenue	busilless levellue	sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b	14,091.				
۵, Ë			Fundraising events	33,142.				
ifts r A			• · · · · · · · · · · · · · · · · · · ·					
, G			······································					
Sins			Government grants (contributions) 1e					
utic Ner		t	All other contributions, gifts, grants, and	27 257				
Oth			similar amounts not included above 1f 3	27,357.				
ont		-		272,601.				
a C		h	Total. Add lines 1a-1f	🕨	374,590.			
				Business Code	00.007			
ce	2	а	DENTAL CARE	621300	90,227.	90,227.		
Program Service Revenue		b						
en C		с						
an ev		d						
ogi		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f		90,227.			
	3		Investment income (including dividends, interes					
			other similar amounts)		2,006.			2,006.
	4		Income from investment of tax-exempt bond pro					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	a						
e		D	Less: cost or other basis					
Revenue			and sales expenses					
eve								
r B				🕨				
ther	8	а	Gross income from fundraising events (not					
ō			including \$, ,				
			contributions reported on line 1c). See	050				
			Part IV, line 18	852.				
			Less: direct expenses 8b	852.				
				🕨	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
				40,354.				
		b	Less: cost of goods sold 10b3	28,601.				
			Net income or (loss) from sales of inventory	►	-88,247.			-88,247.
s				Business Code				
e go	11	а	F					
ane		b						
Sell		с						
Miscellaneous Revenue		d	All other revenue					
-			Total. Add lines 11a-11d	►				
	12		Total revenue. See instructions		378,576.	90,227.	0.	-86,241.
93200	9 01	-20	-20					Form 990 (2019)

ASSISTANCE LEAGUE OF REDLANDS

95-2131653 Page 9

932009 01-20-20

Form 990 (2019)

Part VIII Statement of Revenue

Part IX Statement of Functional Expenses

ASSISTANCE LEAGUE OF REDLANDS

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		2 5 0 0		
	and domestic governments. See Part IV, line 21	3,500.	3,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	87,204.	02 650	2 2/1	304
7	Other salaries and wages	0/,204.	83,659.	3,241.	504
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b		7,460.		7,460.	
c	Accounting	7,400.		7,400.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	123,962.	123,962.		
	column (A) amount, list line 11g expenses on Sch O.)	123,302.	123,902.		
12	Advertising and promotion	4,644.	1,894.	832.	1,918
13	Office expenses	1,011.	1,074.	052.	1,710
14	Information technology				
15 16	Royalties	30,874.	29,636.	931.	307
16		50,074.	25,050.	551.	507
17 18	Travel				
18	Payments of travel or entertainment expenses	~			
10	for any federal, state, or local public officials Conferences, conventions, and meetings	4,885.	1,912.	826.	2,147
19 20	F	1,005.	1,712.	020.	2,11,
20 21		6,950.			6,950
21 22	Payments to affiliates Depreciation, depletion, and amortization	15,077.	13,925.	1,152.	0,550
23	Insurance	11,184.	9,311.	1,006.	867
24	Other expenses. Itemize expenses not covered		5,0111		
	above (List miscellaneous expenses no line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	127,992.	123,308.	424.	4,260
a b	TAXES AND FEES	6,516.	3,991.	2,117.	408
c	RENT	625.	250.	375.	
d					
e e	All other expenses	7,506.	1,289.	2,550.	3,667
25	Total functional expenses. Add lines 1 through 24e	438,379.	396,637.	20,914.	20,828
26	Joint costs. Complete this line only if the organization	,			, • - •
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

932010 01-20-20

Form 990 (2019)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			235,655.	1	188,616.
	2	Savings and temporary cash investments			236,239.	2	238,257.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	4,384.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			94,604.	8	134,883.
4	9				4,673.	9	17,372.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	1,565,983.			
	b	Less: accumulated depreciation	10b	515,512.	1,087,070.	10c	1,050,471.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11 🛄			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ec	ual line 3	33)	1,658,241.	16	1,633,983.
	17	Accounts payable and accrued expenses			11,117.	17	9,666.
	18	Grants payable				18	
	19	Deferred revenue			21,614.	19	6,540.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo					
ii:		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th		F		22	
-	23	Secured mortgages and notes payable to unre		F		23	10.000
	24	Unsecured notes and loans payable to unrelate		E		24	40,600.
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			32,731.	26	56,806.
ŝ		Organizations that follow FASB ASC 958, cl	heck her	e 🕨 🔽			
nce		and complete lines 27, 28, 32, and 33.			1 (12 400		1 565 127
ala	27				1,613,480.	27	1,565,137. 12,040.
dВ	28	Net assets with donor restrictions			12,030.	28	12,040.
'n		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🛄			
г. Т		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current func				29	
VSS(30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 695 510	31	1 677 177
ž	32	Total net assets or fund balances			1,625,510.	32	1,577,177.
	33	Total liabilities and net assets/fund balances			1,658,241.	33	1,633,983.

Form 990 (2019)

11

2019.04020 ASSISTANCE LEAGUE OF REDLAN ASSISTA1 08510824 796330 ASSISTANCELE

Form	1 990 (2019) ASSISTANCE LEAGUE OF REDLANDS	95-213	31653	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			76.
2	Total expenses (must equal Part IX, column (A), line 25)	2			79.
3	Revenue less expenses. Subtract line 2 from line 1	3	-59),8	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,625	5,5	10.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	11	.,4	70.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,577	7,1	77.
Pa	rt XII Financial Statements and Reporting		•	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part XII				X
-			1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
			Form \$	990 (2019)

SCHEDULE A	
------------	--

Department of the Treasury

Internal Revenue Service

1	(Form	990	or	990-	EZ
1			•••		

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	he organization							identification number
_				GUE OF REDLA					5-2131653
Pa		Reason for Public (-				S.	
	organ	ization is not a private found							
1		A church, convention of ch					1)(A)(i).		
2		A school described in section					-		
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for		llege or university owned	d or opera	ted by a g	overnmental (unit describ	bed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov				· · · · · · · · · · · · · · · · · · ·			
7		An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
~		section 170(b)(1)(A)(vi). (C							
8		A community trust describe						In a standard	
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	t the colleg	e or
10	Y	university:	II					- l- !	
10	- 23	An organization that norma							
		activities related to its exen			/				-
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	lired by the o	rganization	atter June 30, 1975.
		See section 509(a)(2). (Con		ively to test for public or	fatty Can	a a a ti a n E(0(a)(4)		
11 12		An organization organized a An organization organized a						orn out the	purpass of ana ar
12		more publicly supported or	-					-	
		lines 12a through 12d that							
а		Type I. A supporting orga							aivina
a	L	the supported organization							
		organization. You must c			аппајопту				apporting
b		Type II. A supporting org	-		tion with it	s sunnort	ed organizatio	on(s) by ha	vina
D.	·	control or management o					-		-
		organization(s). You mus						ige the sup	ported
c		Type III functionally inte			in connec	tion with	and functiona	llv integrate	ed with
Ū		its supported organization	-					iny integration	sa with,
d		Type III non-functionally						rted organi	zation(s)
		that is not functionally int						-	
		requirement (see instruct		v	•		•	a an attorn	
е		Check this box if the orga		-				II. Type III	
		functionally integrated, or					· ·) ·, ·)	, .,	
f	Ente	er the number of supported of			0 0				
		vide the following informatior	0						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota									
НΔ	Eor E	Panerwork Reduction Act N	latica saa tha Instr	juctions for Form 990 o	r 000_E7	022021 00	25 10 Scho		m 000 or 000 E7) 2010

95-2131653 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectic	on 501(c)(3)	
	organization, check this box and stop						>
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2019 (li					14	%
	Public support percentage from 2018					15	%
16 a	1 33 1/3% support test - 2019. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies a	as a publicly supp	orted organizatior	۱ <u></u>			▶∟
b	33 1/3% support test - 2018. If the o	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check	this box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	: - 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	6 or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	iere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
k	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets th	e "facts-and-circu	imstances" test, c	heck this box and	stop here. Explair	n in Part VI how th	ie
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publi	cly supported org	anization	▶□
18	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instructio	ns ►
					Sch	dulo A (Earm 00	0 or 990-E7) 2019

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

14

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	437,281.	551,015.	504,877.	397,728.	374,590.	2265491.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	86,184.	84,873.	97,636.	121,293.	90,227.	480,213.
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513	27,668.	46,140.	34,078.	25,234.	852.	133,972.
4	Tax revenues levied for the organ-		,		,		
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	551,133.	682,028.	636,591.	544,255.	465,669.	2879676.
	Amounts included on lines 1, 2, and		-				
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						2879676.
	ction B. Total Support	i					
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	551,133.	682,028.	636,591.	544,255.	465,669.	2879676.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17.	1,326.	1,712.	1,990.	2,006.	7,051.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	17.	1,326.	1,712.	1,990.	2,006.	7,051.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,892.	1,247.				5,186.
13	Total support. (Add lines 9, 10c, 11, and 12.)	553,042.	684,601.	640,350.	546,245.	467,675.	2891913.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (line 8, column (f), c	livided by line 13,	column (f))		15	99.58 %
	Public support percentage from 2018					16	99.49 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.24 %
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	.18 %
19 a	33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ition	► X
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3% , a	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
9320	23 09-25-19			4 -	Sche	edule A (Form 990	or 990-EZ) 2019
				15			

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

95-2131653 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

16

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		<u> </u>
		l1b		
		l1c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions).	
2	Activities Test. Answer (a) and (b) below.	Í	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~		3b		
932025	5 09-25-19 Schedule A (Form 990		0-EZ)	2019
	17		_,	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	- 1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona	Illy integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatio	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	'e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	Form 990 or 990-EZ) 2019 ASSISTANCE LI	CAGUE OF REDLANI	DS 9	5-2131653 _{Pag}
Part VI	Supplemental Information. Provide the exp Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a line 1; Part IV, Section D, lines 2 and 3; Part IV, Sect	anations required by Part II, lin , 9b, 9c, 11a, 11b, and 11c; Pa	e 10; Part II, line 17a or 17b art IV, Section B, lines 1 and); Part III, line 12; 12; Part IV, Section C,
	Section D, lines 5, 6, and 8; and Part V, Section E, lir (See instructions.)	ies 2, 5, and 6. Also complete	this part for any additional i	nformation.
32028 09-25-1	9		Schedule A	(Form 990 or 990-EZ)
10821	796330 ASSISTANCELE 2019.	20 04020 ASSISTANC		

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service	
Name of the organizati	on

ASSISTANCE LEAGUE OF REDLANDS

Employer identification number 95-2131653

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's of	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education)	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	m of a conservation easement on the la
	day of the tax year.		Held at the End of the Tax
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
0	year	a continguished, or terminated by t	the organization during the tax
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
5			
~	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation easements during the year
0	► \$	a action the requirements of acation 1	70/h)///D)/i)
8	Does each conservation easement reported on line 2(d) abov		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	0	ments that describes the
	organization's accounting for conservation easements.		Other Circiler Accete
-ar	t III Organizations Maintaining Collections of		Other Similar Assets.
1	Complete if the organization answered "Yes" on Form		t and balance aboat works
Ia	If the organization elected, as permitted under FASB ASC 956		
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 956		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtnerance of public service,
	provide the following amounts relating to these items:		N .
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical trea	sures, or other similar assets for financ	cial gain, provide
2	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
2			▶ \$
	Revenue included on Form 990, Part VIII, line 1		> \$
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions		

Sche	dule D (Form 990) 2019 ASSISTA	NCE LEAGUE	OF	REDLAN	DS			95-21	31653	3 Ра	age 2
	t III Organizations Maintaining C	collections of Ar	t, His	storical Tr	easures,	or Oth	er Sim				
3	Using the organization's acquisition, accessi										
	collection items (check all that apply):			-	Ū.		C				
а	Public exhibition	d] Loan or exc	hange progr	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how '	they further t	he organizat	ion's exe	empt pu	rpose in Par	t XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of t	he org	anization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran								line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1 a	Is the organization an agent, trustee, custod	ian or other intermed	liary fo	or contribution	is or other as	ssets no	t include	ed			_
	on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						10	;			
	Additions during the year							1			
	Distributions during the year							•			
	Ending balance							:			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, foi	r escrow or cu	ustodial acco	ount liab	ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planat	tion has been	provided or	Part XII	I				
Par	t V Endowment Funds. Complete i	f the organization an	swere	d "Yes" on Fo	orm 990, Par	t IV, line	10.				
		(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Thre	e years back	<u> </u>	years	back
1a	Beginning of year balance	12,030.		12,020.	1	2,010.		12,000.		11,	990.
b	Contributions										
С	Net investment earnings, gains, and losses	10.		10.		10.		10.			10.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	12,040.		12,030.		2,020.		12,010.		12,	000.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line	1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organization	ation th	hat are held a	nd administe	ered for	the orga	inization	-		
	by:									Yes	No
	(i) Unrelated organizations								. 3a(i)		Х
	(ii) Related organizations	· · · · · · · · · · · · · · · · · · ·							. 3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on	Schedule R?					. 3b		
4	Describe in Part XIII the intended uses of the		wmen	it funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere			1							
	Description of property	(a) Cost or of			or other		ccumul		(d) Bool	c value	Э
		basis (investr	nent)		(other)	de	preciati	on	1.0.4	<u> </u>	<u></u>
	Land				8,135.		200	107			35.
	Buildings			1,10	2,074.		308,	18/.	79.	3,8	8/.
	Leasehold improvements				0 600		1 6 🖻	1		<u> </u>	1 ~
	Equipment				9,683.		167,			2,5	
	Other				6,091.		40,	155.		5,9	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	Χ, colι	umn (B), line 1	0c.)			🕨 📃	1,050		
								Schedule	e D (Form	ı 990)	2019

932052 10-02-19

		Other Securities.			
Schedule D	(Form 990) 2019	ASSISTANCE	LEAGUE	OF	REDLANDS

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end 	h of year market value
		(c) Method of Valdation. Cost of end	1-01-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total, (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
(9) Total. (<i>Column (b) must equal Form 990, Part X, col. (B) line</i> 2. Liability for uncertain tax positions. In Part XIII, provide			that reports the

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 ASSISTANCE LEAGUE OF	REDLANDS	95-2131653 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statement	s	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
-	Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Par	t XII Reconciliation of Expenses per Audited Financia		enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part		1
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a b	Donated services and use of facilities Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I		
Par	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INTEREST EARNED ON ENDOWMENT FUNDS IS USED TO FUND DENTAL CENTER PROGRAM.

932054 10-02-19

Schedule D (Form 990) 2019

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2019
Department of the Treasury	► Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection
Name of the organization	ASSISTANCE LEAGUE OF REDLANDS 95-2							ntification number .653
	complete this part	Complete if the organization answe	ered "\	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
	<u> </u>	sed funds through any of the followi	ng acti	vities.	Check all that apply			
a Mail solicitat					overnment grants			
b Internet and c Phone solici	email solicitations tations	s f └── Solicita g ── Special			nment grants events			
d 🗌 In-person so		3 <u></u>						
		or oral agreement with any individual art VII) or entity in connection with p					, or 🗌 Yes	
• • •		viduals or entities (fundraisers) pursu			-			
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	or cor	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		115		
Total								
3 List all states in whi		on is registered or licensed to solicit		oution	s or has been notified	d it is	exempt from r	egistration
or licensing.								
·								
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form	990 oı	990-	EZ. S	Sche	dule G (Form §	990 or 990-EZ) 2019
932081 09-11-19			_					

29

95-2131653 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 PHILANTHROPI C MAILER	(b) Event #2 ASSISTEENS FUNDRASING	(c) Other events NONE	(d) Total events (add col. (a) through
2		(event type)	(event type)	(total number)	- col. (c))
	1 Gross receipts	24,197.	9,797.		33,994
2	2 Less: Contributions	24,197.	8,945.		33,142
4	3 Gross income (line 1 minus line 2)		852.		852
4	4 Cash prizes				
	5 Noncash prizes				
6	6 Rent/facility costs				
6	7 Food and beverages			852.	. 852
i	8 Entertainment				
9	9 Other direct expenses				853
9 1	9 Other direct expenses	gh 9 in column (d)			852
9 1 1	 9 Other direct expenses	gh 9 in column (d) n line 3, column (d)		►	
ڊ 1 1	 9 Other direct expenses 10 Direct expense summary. Add lines 4 throu 11 Net income summary. Subtract line 10 from 11 Gaming. Complete if the organization 	gh 9 in column (d) n line 3, column (d)		►	
9 1 2 2 art	 9 Other direct expenses	gh 9 in column (d) n line 3, column (d)		►	(d) Total gaming (ad
9 1 2 2 art	 9 Other direct expenses 10 Direct expense summary. Add lines 4 throu 11 Net income summary. Subtract line 10 from 11 Gaming. Complete if the organization 	gh 9 in column (d) n line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or n	reported more than	(d) Total gaming (add col. (a) through col. (d
	 9 Other direct expenses 10 Direct expense summary. Add lines 4 throu 11 Net income summary. Subtract line 10 from 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 	(a) Bingo	n 990, Part IV, line 19, or n	reported more than	(d) Total gaming (add
	 9 Other direct expenses 10 Direct expense summary. Add lines 4 throut 11 Net income summary. Subtract line 10 from 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 		n 990, Part IV, line 19, or n	reported more than	(d) Total gaming (ad
i 1 i i i i i i i i i i i i i i i i i i	 9 Other direct expenses	(a) Bingo	n 990, Part IV, line 19, or n	reported more than	(d) Total gaming (add
	 9 Other direct expenses	(a) Bingo	n 990, Part IV, line 19, or n	reported more than	(d) Total gaming (add
	 9 Other direct expenses 10 Direct expense summary. Add lines 4 throut 11 Net income summary. Subtract line 10 from 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 	(a) Bingo	n 990, Part IV, line 19, or n	reported more than	(d) Total gaming (ad col. (a) through col. (d
	 9 Other direct expenses 10 Direct expense summary. Add lines 4 throu 11 Net income summary. Subtract line 10 from 11 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	(a) Bingo (a) Bingo (b) Yes%	h 990, Part IV, line 19, or n (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	(d) Total gaming (ad col. (a) through col. (d

a Is the organization licensed to conduct gaming activities in each of these states? Yes L **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

No

Sch	edule G (Form 990 or 990-EZ) 2019 ASSISTANCE LEAGUE OF REDLANDS 95-	21316	53 Page 3
	Does the organization conduct gaming activities with nonmembers?	Ye	s 🗌 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	└── Ye	s 🗔 No
	Indicate the percentage of gaming activity conducted in:	11	
	The organization's facility		%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Ye	s 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
~	of gaming revenue retained by the third party \triangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Ye	s 🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
9320	83 09-11-19 Schedule G (For	m 990 or 9	90-EZ) 2019
	31		

	G (Form 990 or 990-EZ)		LEAGUE	OF	REDLANDS
Part IV	Supplemental I	nformation (continued)			

		Schedule G (Form 990 or 990-EZ)
932084 04-01-19	32	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2019

Open to Public

. Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ASSI

Employer	identification number
9	5-2131653

ISTANCE LEAGUE OF REDLAN	IDS
--------------------------	-----

Pa	rt I Jypes of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			-
		applicable		Form 990, Part VIII, line 1g	noncash contribu	illon an	lounts	>
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		257,523.	SALES PRICE			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 (
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	l which isn't required to be ι	ised for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribution	utions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see t	the Instruc	tions for Form 99	0.	Schedule M	l (Form	n 990)	2019

932141 09-27-19

2019.04020 ASSISTANCE LEAGUE OF REDLAN ASSISTA1 08510824 796330 ASSISTANCELE

this	part for any additional in	ation. Provide the informat (b), the number of contribut formation.		
				Schedule M (Form 99

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number 95-2131653

ASSISTANCE LEAGUE OF REDLANDS

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

VICTIMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

CHAPTER:

OPERATION SCHOOL BELL GROOMING KITS: AUXILIARY MEMBERS ASSEMBLED 1,089

GROOMING KITS CONTAINING A VARIETY OF PERSONAL ITEMS FOR ELEMENTARY

SCHOOL CHILDREN PARTICIPATING IN OPERATION SCHOOL BELL.

POWER TO CONTINUE LEARNING: AUXILIARY MEMBERS GAVE (5) SCHOLARSHIP

AWARDS TO TO FIVE STRUGGLING STUDENTS FOR CONTINUING EDUCATION IN A

TOTAL AMOUNT OF \$3,500.

TEENS BE SEEN AND URGENT ESSENTIALS PROVIDE ASSISTANCE TO SECONDARY STUDENTS IN THE FORM OF GIFT CARDS FOR NEW CLOTHING, HYGIENE KITS, AND NONPERISHABLE FOOD ITEMS.

ASSISTEENS AUXILIARY:

TEEN-TO-TEEN PROJECT: PROVIDED MOVIE THEATRE TICKETS TO DISADVANTAGED

TEENS IN THE COMMUNITY FOR CHRISTMAS AND TARGET GIFT CARDS TO FAMILIES.

BOYS AND GIRLS CLUB HOLIDAY PROJECT: PROVIDED TOYS WHICH THEY

DISTRIBUTED AS CHRISTMAS GIFTS TO 650 DISADVANTAGED CHILDREN IN THE

COMMUNITY.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization ASSISTANCE LEAGUE OF REDLANDS	Employer identification number 95-2131653
EXPENSES \$ 30,668. INCLUDING GRANTS OF \$ 3,500. REVEN	UE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:	
THE CHAPTER CONSISTS OF DUES PAYING MEMBERS BASED ON VOTI	NG AND NON-VOTING
CRITERIA AND INCLUDES MEMBERSHIP IN ONE AUXILIARY. MEMBE	RSHIP DUES INCLUDE
NATIONAL, CHAPTER AND AUXILIARY.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE CHAPTER'S NOMINATING COMMITTEE OF MEMBERS PRESENT A S	LATE OF BOARD
CANDIDATES FOR APPROVAL BY THE BOARD AND FINAL APPROVAL B	Y THE GENERAL
MEMBERSHIP.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE GENERAL MEMBERSHIP VOTES FOR THE BOARD OF DIRECTORS,	ANNUAL BUDGETS,
REVISIONS/CHANGES TO ANNUAL BUDGETS, BYLAWS, DUES AND STA	NDING RULES.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PROVIDED TO THE BOARD FOR REVIEW PRIOR T	O FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	
POTENTIAL CONFLICTS OF INTEREST ARE EVALUATED WHENEVER TH	E ORGANIZATION
CONSIDERS RETAINING A COMPANY TO DO BUSINESS WITH THE ORG	ANIZATION.
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT LABOR:	
932212 09-06-19 Sched 36	dule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization ASSISTANCE LEAGUE OF REDLANDS	Page : Employer identification number 95-2131653
PROGRAM SERVICE EXPENSES	108,211
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
FOTAL EXPENSES	108,211.
LAB FEES AND OTHER FEES:	
PROGRAM SERVICE EXPENSES	15,751.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,751.
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	123,962.
FORM 990 PART IX, LINE 2C	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	
32212 09-06-19 Sche 37	edule O (Form 990 or 990-EZ) (2019